

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER

83300906

GENERATOR NAME AND MAILING ADDRESS

Oil & Solvent Process Company  
1704 West First Street  
Azusa, Ca 91702

AREA CODE/PHONE NUMBER

Tel 213 334-5117

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO 1

Oil & Solvent Process Company  
1704 West First Street  
Azusa, Ca 91702

VEH/CONTAINER NO

EPA ID NUMBER

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Omega Chemical Company  
12004 E. Whittier Blvd  
Whittier, Ca 90602

Tel 213 698-0991

AREA CODE/PHONE NUMBER

EPA ID NUMBER

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
VOL

CONTAINER  
NO TYPE

WASTE  
CAT NO

DISP.  
METH.

Hazardous Waste Liquid N.O.S. Orm-E

NA 19 18 19

2025  
2000 G

0

0 0 1 CT

2 1 1

89

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

Trichlorotrifluorethane

98 88 94

X

Methanol / Ethanol

2

0

X

Water / Dirt / Oil

2

0

X

SPECIAL HANDLING INSTRUCTIONS

Gloves & Goggles Make sure bungs are tight & drums are not Leaking

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

Betty Peckham-OSCO

MO.

DAY

YR

11

15

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

RAYMOND RIVERA

11

15

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO

DAY

YR

Printed or typed full name and signature

CAD0412215001

11

15

83